

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000115601

**Entity Name:** MIAMI SCHOOL OF WELLNESS AND AESTHETICS, LLC

**Current Principal Place of Business:**

6816 BEACH BOULEVARD  
HUDSON, FL 34667

**Current Mailing Address:**

6816 BEACH BOULEVARD  
HUDSON, FL 34667 US

**FEI Number: 82-1935399**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VITALI, ALINA  
6816 BEACH BOULEVARD  
HUDSON, FL 34667 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	VITALI, ALINA	Name	KRUSE, RITA
Address	6816 BEACH BOULEVARD	Address	6816 BEACH BLVD
City-State-Zip:	HUDSON FL 34667	City-State-Zip:	HUDSON FL 34667

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ALINA VITALI**

**MGR**

**04/02/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date